

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000602

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 84

STATE FILE NUMBER

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Southeast Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape

c. CITY OR TOWN

Cape Girardeau Mo.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

211 N West End Blvd

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

William

T

Foeste

4. DATE OF DEATH

Month Day Year

Feb 5 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-5-1889

9. AGE (last birthday)

73

10. IF UNDER 1 YEAR

Months Days Hours Min.

4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Cement Worker

10b. KIND OF BUSINESS OR INDUSTRY

Marquette Co.

11. BIRTHPLACE (City and state or country)

Egypt Mills Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

William H Foeste

13b. MOTHER'S MAIDEN NAME

Katie Huey

14. NAME OF HUSBAND OR WIFE

Deceased (Beulah)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Clyde Foeste Cape Gir Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the stomach with metastasis

INTERVAL BETWEEN ONSET AND DEATH

4/19/62

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/19/62, to 2/5/63 and last saw him alive on 2/5/63

Death occurred at 4:49 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

2-7-1963

Lorimier

Cape Girardeau Mo.

Brinkhoff Howell Cape Gir Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

2-8-1963

James Kasten

Roma

APR 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Neil H. Grosshender

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

TAKEN TO DR. 2-7-63